

Little Bucs/University School's Enrichment & Recreational Program

PO Box 70434 • Johnson City, TN 37614 | 423.439.4888

date received _____ received by _____ registration fee received _____

Child (please complete each field)

child's name: (last) _____ (first, m.i.) _____

date of birth: _____

Parent/Guardian

Mother/Guardian _____ email _____

home address _____ city/zip _____

home phone _____ cell _____ work _____

Father/Guardian _____ email _____

home address _____ city/zip _____

home phone _____ cell _____ work _____

Emergency Contact

name _____ relationship _____

home address _____ city/zip _____

home phone _____ cell _____ work _____

Pick-Up List (Child cannot leave the program without written permission or phone call from responsible person. Picture ID will be checked.)

Name _____ **cell phone** _____ **alt. phone** _____

Name _____ **cell phone** _____ **alt. phone** _____

Health Concerns (IF NONE, PLEASE INDICATE N/A)

Please list any behavioral, medical, physical, emotional or other special need(s):

Allergies/Sensitivities/Preferences:

Fees: A non-refundable registration fee of \$10 must accompany this application for processing to begin.

(please check one):
☐ Fulltime M-F \$60 per week
☐ Part-time (please circle) Mon Tues Wed Thurs Fri \$14/day
☐ Drop-in (no more than once/week with 1-day written notice) \$14/day

**I have read and understand the information outlined in this application
and authorize medical care if necessary.**

Applicant's Signature

Date